



REGIONAL PARTNERSHIP GRANTS

GRANT PERIOD: 2017–2022

REGIONAL PARTNERSHIP FOR FAMILIES (RPF)

LEAD AGENCY: Helen Ross McNabb Center

TARGET SERVICE AREA: Knox County

LOCATION: Knoxville, TN

ADMINISTRATION FOR CHILDREN AND

FAMILIES REGION: 4

CONGRESSIONAL DISTRICT SERVED: TN-002

BRIEF PROGRAM DESCRIPTION

PROGRAM DESCRIPTION: Helen Ross McNabb Center's (HRMC) Regional Partnership for Families (RPF) is providing treatment to at least 200 families diagnosed with a substance use disorder (SUD) in the Knox Region of the Department of Children's Services (DCS) in Tennessee (TN). RPF addresses the needs of these children who are substance-exposed and their families through early intervention and family assessment, specialized infant mental health and court services, family-focused treatment in structured living and blended outpatient/in-home modalities, and aftercare. Comprehensive family assessments identify strengths and needs within holistic domains and serve as an evaluative tool to measure progress at specified intervals. RPF helps families with children at risk for placement into state custody and families in which DCS has removed children and is seeking quick, safe reunification. Families access appropriate services including family-focused treatment, infant/child mental health and developmental services, infant and toddler intensive court services, care coordination, and in-home aftercare. RPF will integrate physical and behavioral healthcare services. The project's ultimate goal is to bring healing to families affected by substance use disorders, thereby improving child well-being and permanency outcomes in Knox County, TN.

TARGET POPULATION: The target population for RPF is children ages 0–5 affected by parental SUD, their parents, and their families. The children are in or at-risk of being placed in state custody due to risk factors associated with parental SUD.

PROJECTED NUMBERS SERVED: Over the course of the project, 230 children and 230 adults from 200 families are being served.

MAJOR PROGRAM GOALS

- GOAL 1:** By receiving either/or court and treatment, interventions through the RPF project, children and families affected by parental SUD will experience improved outcomes in domains related to child wellbeing, safety, and permanency; parental recovery; and family functioning.
- GOAL 2:** RPF will increase system capacity, integration and coordination of services, and the use of shared data to improve child well-being, safety, and permanency outcomes for children affected by parental SUD.
- GOAL 3:** RPF will contribute to the field of knowledge for the prevention/treatment of child abuse and neglect by evaluating effectiveness of interventions provided to participants and disseminating results.

KEY PROGRAM SERVICES

- Centralized entry process for families to access family-focused treatment
- Child Parent Psychotherapy
- Dialectical Behavioral Therapy
- Eye Movement Desensitization
- Family Behavioral Therapy
- For families waiting for placement, interim support services through weekly contact
- Hazelden Co-Occurring Disorders Program
- Healthy Families America
- Intensive/Coordinated Case Management
- Safe Baby Court
- Seeking Safety
- Supported Living

PARTNER AGENCIES AND ORGANIZATIONS

- Department of Children's Services Knox Region
- Knox County Juvenile Court (KCJC)
- Association of Infant Mental Health in Tennessee

EVALUATION DESIGN

The local evaluation of the HRMC program has an impact and outcome study and an implementation and collaboration study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration between RPG grantees and partners.

IMPACT AND OUTCOME STUDY DESIGN

The grantee is examining the impact of two components of its RPG services, the first by using a quasi-experimental design (QED) and the second with a randomized controlled trial (RCT). Members of the QED program group receive Great Starts, which includes family-centered SUD treatment services offered via residential treatment and intensive outpatient (IOP) treatment. Great Starts also includes several program models depending on family needs. These models include Seeking Safety, Hazelden Co-Occurring Disorders Program, Dialectical Behavioral Therapy, and Eye Movement Desensitization and Reprocessing. Family and individual therapy are offered based on family needs using Nurturing Parenting, Family Behavior Therapy, and Child Parent Psychotherapy. The length of IOP services for the program group has not yet been finalized, although the residential portion will last six to nine months. Members of the QED's comparison group receive business-as-usual adult-centered IOP and residential services from the grantee, both of which finish before the program group services. The QED includes at least 200 families, with 100 families in each group.

The RCT is used to evaluate the impact of an aftercare service model following SUD treatment. Members of the RCT program group receive Healthy Families of America services, a model for providing in-home aftercare services. Members of the RCT comparison group receive Seeking Safety during in-home visits from the grantee, an alternative traditional aftercare program offered in the same county. The RCT includes 120 families, with 60 families randomly assigned to each group. Families participating in the RCT have already completed either Great Starts residential or another of the RPG services (Safe Baby Court). (The families who completed Great Starts also have participated in the QED.) Families become eligible and are randomly

assigned once they complete Great Starts or court services. The grantee is examining impacts in three domains: recovery, child well-being, and family functioning.

The key data source is information collected using standardized instruments. The evaluation team collects data for both the program and comparison groups. Data collection for QED participants takes place four times for each family: (1) when services begin, (2) when services end, (3) 6 months after services end, and (4) 12 months after services end. For the RCT, data collection takes place at two time points: (1) six months after families are randomly assigned (when aftercare services begin); and (2) 12 months after they are randomly assigned. For the subset of families that participate in both the QED and RCT, the RCT data collection points are the same as the latter two QED data collection points.

PROCESS AND COLLABORATION STUDY DESIGN

In the implementation and collaboration study, the grantee is examining program implementation, including fidelity to the program plan, the extent and scope of services provided, barriers encountered in service provision, and actions taken to overcome barriers. The grantee is also examining progress toward the project's goals, whether and how local or agency policies and procedures change because of the RPG project, and whether there are any unintended consequences of implementing the project. In studying the collaboration, the grantee is assessing shifts in the knowledge of program stakeholders and partners and the extent and focus of collaboration activities. Data sources include staff and participant interviews, structured provider feedback, program documents, administrative data, surveys, case records from the TN Department of Children's Services partner meeting attendance records, and information documented on and during partner trainings.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

HRMC utilizes a diverse set of funding options for various projects across the center, including Medicaid for clinical services, United Way, state block grant funding, local government funding, private donors, and federal funds to sustain existing programming. HRMC is working throughout the project to ensure the continued use of multiple funding streams to sustain services. HRMC also consults with the Association of Infant Mental Health in Tennessee regarding the implementation of sustainable infant/toddler mental health services. Additionally, HRMC is working closely with KCJC to collect data, report outcomes, and seek local and state funding for Infant and Early Childhood Court. TN currently funds 12 similar courts, and HRMC is participating in regular calls and meetings with other court projects to stay up to date on sustainability opportunities and to highlight work done in Knox County.

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